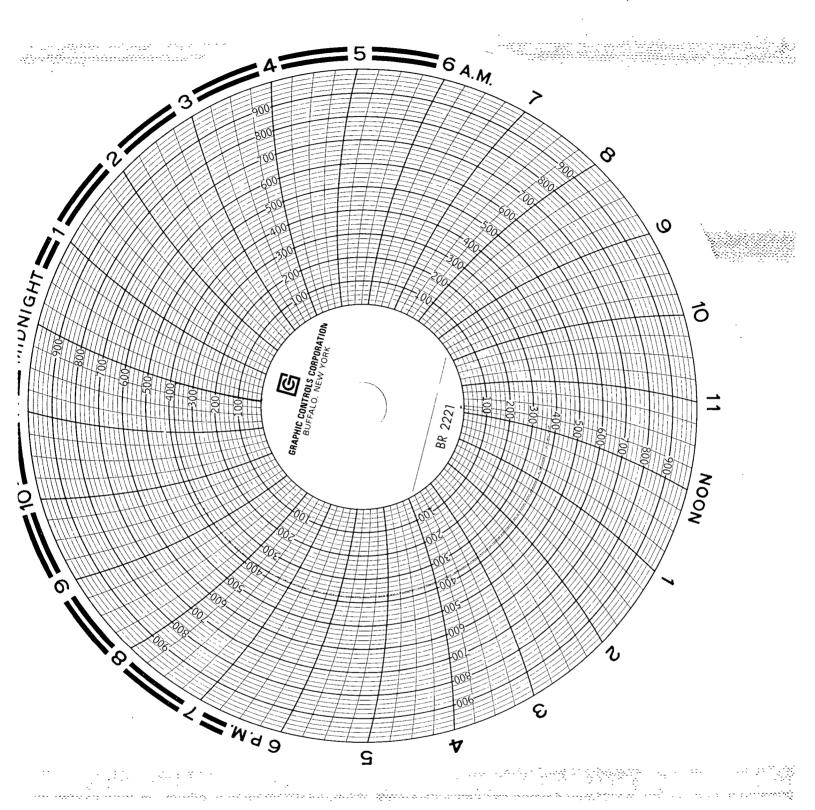
Submit 3 Copies To Appropriate Office	fice		ate of New Mexico		Form C-103 May 27, 2004			
	25 N. French Dr., Hobbs, NM 88240		s and Natural Resources		WELL API NO.	30-025-26865	2004	
1301 W. Gland Avc., Artesia, IVW 60210			VATION DIVISION th St. Francis Dr.		5. Indicate Type of	Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV		Santa Fe, NM 87505			STATE X 6. State Oil & Gas			
1220 S. St. Francis Dr., Santa Fe, NM 87505					B-1838-1			
(DO NOT USE THIS FORM FO DIFFERENT RESERVOIR. US		EPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name East Vacuum Grayburg San Andres Unit Tract 3236				
PROPOSALS.)  1. Type of Well: Oil Well	as Well 🔲 OtherInje	ector		8. Well Number 008				
2. Name of Operator ConocoPhillips Company					9. OGRID Number	9. OGRID Number 217817		
3. Address of Operator 3300 N. "A" Street, Bldg. 6 Midland, TX 79705				10. Pool name or Wildcat Vacuum; Grayburg-San Andres				
4. Well Location	. 25	500 S-4 S4	North	1:	<del></del>		1:	
Unit Letter E Section 32	:_ <u>_</u> 23	feet from the Township 17		line and <u>50</u> ange 35E		the West CountyLea	line	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3980.5' RKB, 3970' GR								
Pit or Below-grade Tank Applie Pit type Depth to	cation <u></u> or C Groundwate		arest fresh v	vater well Dis	tance from nearest surfac	e water		
Pit Liner Thickness:	mil	Below-Grade Tank: Vo			onstruction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
NOTICE PERFORM REMEDIAL W TEMPORARILY ABANDO PULL OR ALTER CASING	ORK 🗌 📗	ENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	N	SUB REMEDIAL WOF COMMENCE DR CASING/CEMEN	ILLING OPNS. P	ORT OF: ALTERING CASING PAND A	i 🗆	
OTHER:				OTHER:				
13. Describe proposed of starting any pro or recompletion.  01/17/08 - 02/08/08 Repair Mechanical integrity test r	posed work	c). SEE RULE 1103. I						
					REC	EIVED		
					FEB	2 0 2008		
					HOB	BS OCI		
I hereby certify that the infegrade tank has been/will be cons	ormation ab	ove is true and comple	ete to the be	est of my knowledg	ge and belief. I further or an (attached) alternati	certify that any pit or live OCD-approved pla	below- n [].	
SIGNATURE	lste (	A Mul	TITLE Re	gulatory Specialist		DATE <u>02/18/2008</u>	<u></u>	
Type or print name Celeste For State Use Only	G. Dale	- (		_	e@conocophillips.Tele	•	8-6884	
APPROVED BY:  Conditions of Approval (if		Elleans	OC DIST	NICT SUPERVISOR	VGENERAL MANAC	DATE MAR 1	<b>8 200</b> 8	



ig Présidente : Protections